

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | A.H. | 72192 | 5/1/98 |
| O.I.P.E. CLASSIFIER | | | 7 3 3-98 |
| FORMALITY REVIEW | EE | 101008 | 5/19/98 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | 5 | 1-2-99 | 10-29-98 |
| 2 | N | | 12-20-98 |
| 3 | ✓ | | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | N | | |
| 8 | ✓ | | |
| 9 | ✓ | | |
| 10 | N | | |
| 11 | ✓ | = | = |
| 12 | ✓ | ✓ | |
| 13 | N | | |
| 14 | ✓ | | |
| 15 | ✓ | = | |
| 16 | | | |
| 17 | ✓ | ✓ | |
| 18 | ✓ | ✓ | 11/11 |
| 19 | N | | |
| 20 | ✓ | | |
| 21 | ✓ | | |
| 22 | ✓ | | |
| 23 | ✓ | | |
| 24 | ✓ | | 11 |
| 25 | ✓ | 11 | 11 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here